

physician or m CARLSON 3
CE OF BIRTH
Minneapolis

ust make this return in writing. See instruction on back.
STATE OF MINNESOTA
Division of Vital Statistics

RECORD OF BIRTH

40287

Reg. District No. No. in Registration Book
(Above numbers to be filled in only by local registrar or his deputy.)
Minneapolis (No. 2419) Plymouth St. Ward...
Elmer Albert Carlson (Fremont Av. So.)
(If child is not yet named, make supplemental report as directed.)

Single Twin Triplet	and { Number in order of birth }	Legiti- mate	DATE OF BIRTH (Month) (day) (year)
FATHER Carlson		FULL MAIDEN NAME MOTHER Viggen	
AGE AT LAST BIRTHDAY 27 (Years)		COLOR OR RACE W	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE (STATE OR COUNTRY) Sweden		BIRTHPLACE (STATE OR COUNTRY) Sweden	
OCCUPATION Laborer		OCCUPATION Wife	
CHILD OF THIS MOTHER		NUMBER OF CHILDREN OF THIS MOTHER, NOW LIVING	

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE OR PARENT
I certify that I attended the birth of above child, (and that it) occurred on....., 19....., at.....M.
Cross out words which do not apply.
C. Johansson Dated.....19..... Address.....
Attending Physician, Midwife, Father, Informant—Cross out words which do not apply.
I have been taken to prevent ophthalmia neonatorum?.....
Registrar Address.....

Evidence indicates that the above was filed Circa, January 1912

STATE OF MINNESOTA) SS
COUNTY OF HENNEPIN)

I hereby certify that the above is a true and correct copy of the
official record on file with the Section of Vital Statistics
Registration of the Minnesota Department of Health.

Dated at Minneapolis

December 31, 1991

Frederick L. Long
State Registrar
Minnesota Department of Health

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